## Departm:ont of Health Services

UNIFORM HAZARDOUS WASTE MANIFEST

HAZARDOUS WASTE MANAGEMENT BRANCH 714-744 P Street Secremento, CA 95814

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS		D NUMB	ER	831	<b>37</b> 9	<u>و</u> چ			
Oil & SOLVENT DECESS DA							8357285		
1704 W. FIRST ST					NUMBER	ENTNU	MAREK		
AZUSA CA 91702			CAR						
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OIL & SOLVENT PROCESS CO		VE	H./CONTAINE	RNO					
1704 W. FIRST ST				-		EPA ID N	NOMBE	R	
AZOSA, CA 9170 2									
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TRANSPORTER NO 2/ALTERNATE TSD FACILITY		00	CONTAINER	IZIS C	AIDIO	10181	3101	21911	
		V 27	I/CONTAINER	NO	E	PA ID N	NUMBER		
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TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY							1 1		
Omegn unemical Campanial						PA ID NI	UMBER		
WHITTIER, CA. 90602				1					
WHITTIER, CA. 96602 AREA CODE/PHONE NUMBER 213-698-699/				n.	d 0 .			_	
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA		TOTAL		AIDIOI	122	14515	1010	
	NUMBER	₹	QUANTITY	WT/VC	CONT	AINER		STE RI	
HAZARDOUS WASTE LIQUID N.O.S. CRM-E	0800.				1	11175	CAT	NO NO	
Ser Man. O. Oxfin-12	186891	212	118191		14/16	DW	121	12 0	
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COMPONENTS	<del>-1 -1 -1 -1</del>			<del>,   </del>	<u> </u>				
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1.2. METHANGL ETHAMOL					17		<del></del> -	ļ	
12 1. 1.				2			Zo	}	
1.3. WATER/DIRT Soil				A	2				
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SPECIAL HANDLING INSTRUCTIONS						1	ļ		
SPECIAL HANDLING INSTRUCTIONS  GLOVES   Goggles   GBSERVE ALL SAF  This is to certify that the above-named wastes are properly electrical.									
GLOVES 16099 LES GBBERVE ALL SAF	ETY Re	9 60	Pleade	s					
This is to certify that the above-named wastes are properly classified, described, proper condition for transportation according to the applicable requirements of the I	nackaged mask-	/							
proper condition for transportation according to the applicable requirements of the I	Department of Tra	and la	abeled, and are tion and the E	e in PA. r——					
Printed or typed full name and signature PAN PANTAMANA				M	0.	DAY		YR	
Check if continuation sheet is used. Number of continuation sheets	ton Can	われがん	ach.		Œ)	A). 0 A			
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES	-Ø				7.1.	214		34	
March Perkhara - 10 a a				TE M	5.	DAY		YR	
Printed or typed full name and signature 2011 ( Page 1)			RE:	C.D					
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES			ACCE			219	8	- C/	
			DA RE(		)	DAY	,	/R	
Printed or typed full name and signature DISCREPANCY INDICATION SPACE			8	.					
TOTAL TOTAL STACE			ACCE	JED					
acility owner or operator: Certification of receipt of hazardous waste covered by this listrepancy indication space above. Note: TSDF must complete waste number.				_					
liscrepancy indication space above. Note: TSDF must complete waste number.	s manifest except	as not	ed in the	DA	TE RECEIVE	D & AC	CEPTER	)	
1. Dal o constant	EPA ID	NUME	ER	MO		PAY	Y	—	
rinted or typed full name and signature	ADA A.	1.70	2000	1 1				أارا	
TSDF SENDS THIS COPY TO	191010 A12	141	101001	LICE		491	8	41	
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